



STATE OF LOUISIANA
DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
DIRECT DEPOSIT ENROLLMENT AUTHORIZATION
CONDITION OF EMPLOYMENT



EMPLOYEE SSN	DISTRICT/SECTION NO.
ACCOUNT INFORMATION	
ACTION TYPE (check one) _____ NEW _____ CHANGE _____ TERMINATE THIS OPTION	FINANCIAL INSTITUTION NAME ACCOUNT NAME(Example: Mr. and Mrs. John Doe, John or Jane Doe, John Doe)
ACCOUNT NUMBER (ONE ACCOUNT PER EMPLOYEE)	FINANCIAL INSTITUTION ROUTING (ABA) NUMBER
ACCOUNT TYPE (check one) _____ * CHECKING (provide voided check or account verification) _____ * SAVINGS (obtain account no. & ABA no. from financial institution.)	*Account verification or completion of enrollment form by financial institution will assure the accuracy of account data: Signature from institution: _____ Phone number: _____
Allow 2 to 3 Pay Periods for Direct Deposit to be effective.	

(Print full name)

As a condition of my initial and continued employment I, _____, authorize the State of Louisiana, Department of Transportation and Development, to direct my pay check to the account at the financial institution I designated above.

For any funds paid to me which are not due and owing to me, I hereby agree and authorize my appointing authority (DOTD) to adjust the amount next due to me to correct the overpayment, or to recover amount overpaid by reducing my future payroll checks so that the overpayment will be repaid or recouped within a reasonable number of months (not to exceed 12 months).

It is my responsibility to notify my Payroll Office, as appropriate, should any changes occur to account specified. Any incorrect information pertaining to my account number, account name, or bank routing number, could cause my EFT to be returned by the bank, and not be credited to my account. A replacement check will not be issued to me until the DOTD Payroll Unit verifies that these funds have been credited back into the DOTD bank account and a new direct deposit form has been completed and submitted to the DOTD Payroll Unit. This process could take an additional two to three working days.

Employee Signature

Date

Phone where you can be reached
between 7:45 and 4:15

DOTD HR Representative Signature

Date

Contact your Payroll Office if you have any questions.

TO BE COMPLETED BY PAYROLL OFFICE:

Date Entered:	Entered By:	To be effective Pay Period Ending:
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ENROLL IN
PAYROLL DIRECT DEPOSIT
AND ENJOY THE BENEFITS OF
STATE-OF-THE-ART BANKING

- ✓ No more trips to the bank to deposit your pay.
- ✓ No more mail delays in receiving your paycheck.
- ✓ Eliminates special handling of pay when on vacation, ill or working irregular schedules.
- ✓ No need to worry about lost, stolen or forged checks.
- ✓ Many banks may waive service charges to those who use Payroll Direct Deposit.

Payroll Direct Deposit can be
Used with Banks, Savings &
Loans or Credit Unions.